

Supported Living Application Instructions

BRIEF DESCRIPTION OF SUPPORTED LIVING IN KENTUCKY

Supported Living means providing people with disabilities the individualized help they need to live successfully in a home of their choice. This is in contrast to residential services, which group people with disabilities in residential facilities for the purpose of training, treating, or caring for them. Supported Living means:

- 1) Living in houses or apartments that are the same as and in the same neighborhoods as housing for people without disabilities;
- 2) Playing a central role in making all important and small decisions, and generally, making choices and taking control of one's life;
- 3) Encouraging and help in making friends and participating in community activities and events with all other citizens
- 4) Building and improving skills to live more successfully in the community;
- 5) Flexibility in arrangements, services, goals and supports, designed specifically for each person; and
- 6) Services and supports in the home of one's choice, where the lease or ownership is in the name of the person, his/her family, or an agency on that person's behalf versus facilities owned and operated by the agency.

• • • • • • • • • • • •

SUPPORTED LIVING DOES NOT INCLUDE ANY LIVING ARRANGEMENT WHICH:

- 1) Physically or socially isolates people who are disabled from the general population;
- 2) Does not allow adults with disabilities as much control over their living arrangements as they can manage; and
- 3) Includes more than three unrelated people with disabilities living together.

The following are examples of some of the supports/services one could obtain funding for from Supported Living (if your application is approved):

ADAPTIVE AND THERAPEUTIC EQUIPMENT: TTY/TDD modules, communication devices, Medicalert, specialized fire alarm, canine companion, assistive technology, etc. to help person live in his/her own home or function more independently.

ATTENDANT CARE/PERSONAL ASSISTANCE: assist with personal care, fitness, and appointments.

COMMUNITY RESOURCE DEVELOPER: person who coordinates and assists in helping person to develop relationship, opportunities, networks, etc. in the community on an individualized basis

which would possibly be sustained voluntarily over time, e.g., facilitation of person's participation in church or other religious organizations, civic associations, community organizations, personal hobbies, family activities, etc.

CONSULTATION: evaluation/assessment to enhance communication, accessibility, assistive technology or assist in resolving difficult situations or behavioral challenges' can include person-centered planning by an independent and trained facilitator.

HOMEMAKER: a service that provides assistance in maintaining household, e.g., cleaning, shopping, laundry, cooking when person is physically unable to perform the task him/herself.

HOME MANAGEMENT AND INDEPENDENT LIVING SKILLS: teaching and enhancing competencies/skills of person's choice, e.g., laundry cooking, cleaning, budgeting, banking, grocery shopping, etc.

HOME MODIFICATIONS: architectural changes, ramps, widening doors, accessibility/adaptations to bathrooms, etc. which enable the person with the disability to live in their home; limit of \$2,500 maximum for rental property.

LIVE-IN SUPPORT PERSON: provide support in areas of personal care, supervision (if needed) and home management on a live-in basis.

RECREATION/LEISURE: person who provides assistance in going places and doing fun things.

RESPIRE: person(s) who can provide care for a person with a disability so the family or care provider can have a break.

START-UP GRANTS: variety of one-time expenses, such as security deposit, down payment, closing costs, purchase of furniture or equipment; will require documentation with the application to justify the request.

SUPPORT BROKER OR PERSONAL AGENT: person who coordinates plan, locates providers and related resources and provides oversight to plan implementation; may also facilitate person-centered planning team as part of role.

TRANSPORTATION: can include transportation to work, community activities; would not include purchase or rental of a vehicle.

ELIGIBILITY

Only a person with a disability who is a resident of Kentucky or whose family or guardian is a resident of Kentucky is eligible for Supported Living. The person with a disability may be living with a family member, independently, or be in a congregate setting and be eligible for services.

House Bill 447, which established the Supported Living program in Kentucky, utilizes the definition of disability found in the Americans with Disabilities Act. "Person with a disability" means someone with a physical or mental impairment that substantially limits a major life activity, which includes caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

APPLICATION AND REVIEW PROCESS

The deadline for applications to all the Regional Supported Living Councils is **APRIL 1ST**. An original copy of the application (no faxes) must be received in the office of the Regional Supported Living Coordinator for your Region (see list included with the application) by or on that date. If April 1st falls on a weekend day, then the application deadline is the following Monday.

Regional Supported Living Councils are made up of eight (8) volunteers appointed by the Governor for three-year terms. At least three members are family members of people with disabilities, one has a family member who resides in an ICF/MR facility, two are individuals with disabilities, one represents the professional community, and one represents the category of advocate. Meetings are subject to the Open Records Law, but can be closed when decisions about specific individuals are being made.

Completed applications will be reviewed and evaluated against the following set of criteria:

Adherence to Principles of Supported Living (36%)

Have the services been designed around the specific needs of the individual? Will the person be able to exercise choice and autonomy in this supported living arrangement? In whose name will the housing arrangement be made? Are there people, in addition to the individual and paid staff, who are committed to supporting this arrangement over time? If funded, would the quality of life for the person with a disability be improved?

Potential for Success (24%)

Has the applicant been clear in why the funds are being requested and what he/she will do if granted the funds? Has the applicant identified a place to live? Are there additional resources available to this person, e.g., family, friends, other service providers who can support this situation?

Need (18%)

Does the application show the person is planning ahead for his/her future? Is the applicant and/or family experiencing a crisis situation? Does the applicant's multiple disabilities create barriers to developing and sustaining supports over time?

Accountability (12%)

Does the applicant have a viable service provider or is he/she or his/her family seemingly capable of managing the resources and arranging for the requested services? Has the applicant demonstrated a reasonable effort to secure funds from other sources where appropriate and is the request reasonable?

Overall Quality of the Application (10%)

Will the supported living resources be used to promote a positive quality of life for the person with a disability or simply maintain the isolation and dependency of the person and his/her family?

INSTRUCTIONS FOR COMPLETING APPLICATION

1. Complete the entire application; applicants who do not answer all ten of the questions, regardless of your request, and do not also have a completed budget matrix, will not be considered.
2. Budgets must include payroll taxes and workman's compensation for people you will employ as employees; additional resource information is available from you Regional Supported Living Coordinator:
 - Use SS-8 to determine work status (employee vs. contractor if unsure)
 - Payroll expenses for employee to be paid by the employer:
 1. Social Security and Medicare (FICA) – 7.65% of gross wages.
 2. Kentucky Unemployment – 3.00% of gross wages +(1st \$8,000/employee).
 3. Federal Unemployment -- .80% of gross wages (1st \$7,000/employee) +
 4. Workers Compensation Insurance – based on pay and job. +Can be higher or lower depending on claims or reserves.
3. Equipment/therapy request or home modification requests must be accompanied by one or both of the following:
 - A letter from a therapist or physician is required for equipment or therapy to justify the request; and
 - One estimate from the person/vendor you expect to provide the service; additional estimates will be required if your request is greater than \$2,000 and your request is funded.
4. Applicants wishing to purchase their own home or rent an apartment or house may request a **one-time start-up grant**. Documentation must be provided for down payment/closing costs or security deposit. If furniture is requested, a list from the store with prices must be included or the request will not be considered.
5. The following requests cannot be funded with Supported Living funds:
 - Living arrangements that include more than three people with disabilities living together unless all are related legally or biologically as a family unit.
 - Purchase or rental of a vehicle.
 - Repairs or maintenance to a dwelling that are not related to the person's disability, e.g., roof, gutters, water damage, etc.
 - Modifications over \$2,500 to rental property.
 - Mortgage or rent payments on an on-going basis.
 - Health insurance premiums or unpaid medical bills.
 - Equipment or service that has another payer, e.g., Medicaid, Department of Vocational Rehabilitation, or services or equipment mandated by IDEA.
 - Tuition for adult day programs or segregated day care programs.
6. Feel free to write a cover letter about yourself and to ask other people to write letters for you. These letter should all be sent together with you application.

• • • • • • • • • • • •

ID # _____ <small>(assigned by Regional SL Coordinator)</small>
--

KENTUCKY SUPPORTED LIVING APPLICATION

Please provide all of the following information.

You may print or type your answers. If you print, please use black ink as it will copy better.

_____ Male _____ Female
Name of person requesting Supported Living Funds

Social Security # _____ Birthdate _____

Address _____ City _____

County _____ State _____ Zip _____

Telephone _____ (day) _____ (evening)
(area code) (area code)

Parent(s)/guardian (if applicable) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (day) _____ (evening)
(area code) (area code)

_____ Yes, I would like my name added to the mailing list for information about trainings and regarding Supported Living.

_____ Yes, I would like my name added to the mailing list for the Supported Living newsletter.

I declare that the information contained in this application is true and I understand the Regional Supported Living Council can confirm this information in order to make a determination about funding my application.

Your Signature

Date

Parent or guardian (if applicable)

Date

Parent or guardian (if applicable)

Date

Social Security # _____

ID# _____
(assigned by Regional SL Coordinator)

PLEASE CHECK ALL THAT APPLY TO YOUR APPLICATION:

- _____ Application is for supports/services only
- _____ Application is for one-time request only (e.g., home modifications, equipment, consultations, etc.)
- _____ Application is for both supports/services and a one-time request
- _____ This is my first time to apply for Supported Living funds
- _____ I have previously applied for Supported Living funds but was not approved
- _____ I currently receive Supported Living funds and am applying for additional funding

IN YOUR OWN WORDS, DESCRIBE YOUR DISABILITY AND HOW IT AFFECTS YOUR LIFE:

WHERE DO YOU LIVE NOW?

- _____ in my own home or apartment
- _____ in my family or relative's home or apartment
- _____ in a foster home
- _____ in a group residence --- number of residents _____
- _____ in _____ personal care home
- _____ in _____ ICF/MR facility
- _____ in _____ nursing home

WHAT DO YOU DO DURING THE DAY?

- _____ attend _____ pre-school program
- _____ attend _____ school
- _____ attend _____ day program
- _____ work at _____
- _____ other (specify) _____

WHAT KIND OF ASSISTANCE OR SERVICES DO YOU RECEIVE NOW?

- _____ Social Security Disability \$ _____/month
 - _____ Supplemental Security Income (SSI) \$ _____/month
 - _____ Medicare
 - _____ Medicaid
 - _____ First Steps Early Intervention Services
 - _____ Disabled Children's Program
 - _____ Therapies and Provider Agency _____
 - _____ Respite (not through a Medicaid waiver program) and Provider Agency _____
-

_____ Pre-School or School _____
 Teacher _____ Telephone () _____

_____ Comprehensive Care Center _____
 Service(s) Provided _____
 Contact Person _____ Telephone() _____

_____ Department of Vocational Rehabilitation
 Counselor _____ Telephone() _____

_____ Department for the Blind
 Counselor _____ Telephone() _____

_____ Supports for Community Living (SCL) Waiver
 Case Manager _____ Telephone() _____

_____ Home & Community Based Waiver - Provider _____
 Social Worker _____ Telephone() _____

_____ Personal Care Attendant Program
 Agency _____ Telephone() _____

_____ Other _____

• • • • • • • • • • •

Answer all of the following questions. Applicants who do not answer all of the questions will not be considered. You may print or type your answers. If you print, please use black ink as it will copy better. Limit your answer to five 8½ X 11 pages. Use only the front side of a sheet of paper. You may also use alternate formats, i.e., large print or Braille.

1. Why are you applying for (additional) Supported Living funds?
2. What good things will happen in your life if you are funded?
3. What bad things will happen in your life if you are not funded?
4. What will you use these funds for?
5. What other places have you tried to obtain these funds or services?
6. Where will you be living if you receive these funds?
7. Who will manage these funds?
8. What skills/experience does the person or organization have who will manage these funds?
9. Who will be involved to make sure that what you want to happen will happen with these funds?
10. How will you start and carryout your plan?

Give a description of the Supported Living Resources you need to live in your own home or with your family. (See instructions on page one for examples. This list does not include all potentially available resources). All portions must be completed. You may need to research costs.

ONGOING EXPENSES	A # of hours per week	B Cost per hour	C Cost per week (A X B)	D Cost per month (C X 4.3 weeks)
<u>SAMPLE:</u> <i>Community Resource Developer</i>	20	\$10.00	\$200.00	\$860.00
TOTAL MONTHLY COSTS		\$	\$	\$

ONE-TIME EXPENSES* (e.g., equipment, home modifications)	TOTAL COST
<u>SAMPLE:</u> Ramp	\$2,000.00
*estimate required	
TOTAL ONE-TIME EXPENSES	\$

TOTAL MONTHLY COSTS X 12 MONTHS	\$
TOTAL ONE-TIME EXPENSES	\$
TOTAL APPLICATION REQUEST (total monthly costs plus total one-time expenses)	\$